## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled SOLID STATE FLUORESCENCE AND ABSORPTION SPECTROSCOPY, the specification of which:

☐ is attached hereto

was filed on September 24, 1999, as Application Serial No. .

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPI	LICATION(S), IF ANY. FILED PRIC	OR TO THE FILING DATE OF THE	APPLICATION
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the mational or PCT international filing date of this application

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DAPPLICATION SERIAL NO.	FILING DATE	PATENTED	PENDING	ABANDONED
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POWER OF ATTORNEY As a named inventor, I hereby appoint John F Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is Ward & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT TELEPHONE CALLS TO: SEND CORRESPONDENCE TO: WARD & OLIVO WARD & OLIVO 708 THIRD AVENUE (212) 697-6262 NEW YORK, NEW YORK 10017 MIDDLE NAME LAST NAME FIRST NAME **FULL NAME** HENRY **PALLADINO** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 2 **RESIDENCE &** 0 UNITED STATES **NEW YORK** VALHALLA CITIZENSHIP .1 STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS CITY POST OFFICE **NEW YORK** 10466 **BRONX** 666 e. 233RD STREET **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** ANDREW HOOD OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 2 CITY **RESIDENCE &** 0 UNITED STATES **NEW YORK** TARRYTOWN CITIZENSHIP 2 ZIP CODE STATE OR COUNTRY POST OFFICE ADDRESS POST OFFICE **NEW YORK** 10466 **BRONX** 666 E. 233RD STREET **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** OF INVENTOR COUNTRY OF CITIZENSHIP 2 STATE OR FOREIGN COUNTRY RESIDENCE & 0 CITIZENSHIP 3 ZIP CODE STATE OR COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** MIDDLE NAME 1 12 LAST NAME FIRST NAME **FULL NAME** Ľ. OF INVENTOR 12 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY **RESIDENCE &** CITIZENSHIP ZIP CODE STATE OR COUNTRY POST OFFICE ADDRESS POST OFFICE f **ADDRESS** MIDDLE NAME FIRST NAME LAST NAME ### **FULL NAME** OF INVENTOR ¥ COUNTRY OF CITIZENSHIP 20 STATE OR FOREIGN COUNTRY CITY **RESIDENCE &** CITIZENSHIP ZIP CODE STATE OR COUNTRY ļ. CITY POST OFFICE ADDRESS POST OFFICE ŧij ADDRESS MIDDLE NAME FIRST NAME LAST NAME **FULL NAME** Fig. OF INVENTOR COUNTRY OF CITIZENSHIP 2 STATE OR FOREIGN COUNTRY CITY RESIDENCE & 0 CITIZENSHIP 6 ZIP CODE STATE OR COUNTRY CITY POST OFFICE ADDRESS POST OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

**ADDRESS** 

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